

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012735
STATE FILE NUMBER

FILED MAY 15 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 144

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY COLE COLE CYSDS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO. | | c. CITY OR TOWN JEFFERSON CITY, MO. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 200 Pine | | d. STREET ADDRESS (If outside, give location) 200 Pine | |
| 3. NAME OF DECEASED (Type or print) First GERARD Middle FORCK Last FORCK | | 4. DATE OF DEATH Month MAY Day 9 Year 1959 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 5, 1891 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Wrecking Eng. | | 11. BIRTHPLACE (City and state or country) Taos, Mo. | |
| 13a. FATHER'S NAME Herman Forck | | 14. NAME OF HUSBAND OR WIFE Rose Castrop | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 17. INFORMANT Mrs Rose Forck | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crown Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH 1.5 AM | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertrophic Prostat. | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201 | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION JEFFERSON CITY, MO. | |
| 21. I attended the deceased from 2-10-51 to 5-9-55 and last saw him alive on 3/12/57 Death occurred at 12:10 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Marion Kelly M.D. | |
| 22b. ADDRESS Jefferson City, Mo. | | 22c. DATE SIGNED 5-11-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5/12/59 | 23c. NAME OF CEMETERY OR CREMATORY RESURRECTION | 23d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO. |
| 24. FUNERAL DIRECTOR Sylvester Dille Jr. Mo. | 25. DATE RECD. BY LOCAL REG. 11 May 1959 | 26. REGISTRAR'S SIGNATURE R.O. Harris, M.D.-M.R. | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All deaths in Part I must be causally related.

MAY 21 1959

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Sylvester Smith*

Licensed Embalmer No. *4321*

P. O. Address *Jeffersonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.